Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

2.100.170 00.0501 1, 2000												
CLAIMS AS			S FILED - PART (Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER SMALL	
TOTAL CLAIMS			29					RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED NU		NUMB	UMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			29 minus 20= • 9					. X\$ 9=		OR	X\$18=	102
INDEPENDENT CLAIMS			5 minus $3 = 2$					X40=		OR	X80=	100
MU	ILTIPLE DEPEN	DENT CLAIM P	RESENT				+135=			+270=	,,,	
* If	the difference	ess than zero, enter "0" in column 2				TOTAL		OR OR	TOTAL	1032		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL ENTITY			OTHER SMALL	THAN
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 29	Minus		1	= /		X\$ 9=		OR	X\$18=	
	Independent	·	Minus	<u>~5</u>	F C1 A 13 4	=/		X40=	7	OR	X80=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	CLAIM	<u>/ L</u>	<u> </u>	+135=		OR	+270=	7
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)										·		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		BATE	ADDI- TIONAL FEE
	Total	75	Minus	" 7	29	=		X\$ 9=		9R	X\$18=	
	Independent	NTATION OF MI	Minus	***	CLAIM	=		X40=	. /	OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						, [	+135=		OR	+270=	
					-4.9			TOTAL ADDIT, FEE		OR	· TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)		/		-		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=									+270=		
		mn 1 is less than th					L	TOTAL		OR	TOTAL	
***	If the "Highest Nu	mber Previously Pa mber Previously P	aid For" IN THI	S SPACE	is less tha	n 3, enter "3."		DDIT. FEE			ADDIT. FEE	
	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION	N NUMBER		1		· 	<i>4</i>
	•	Total F	1			
•	Fee Code	Total # Claims	Number Extra	<b>X</b> _	Fee	Fce
	Sm./Le.		· 	•	Sm. Entity	Lg. Entity
Basic Filing Fee	201/101			•		710
Total Claims >20	203/103	20 -20	<u>- 9</u>	x.		182
Independent Claims >3	202/102	5 .3.	<u>a</u>	x	•	80
Mult. Dep Claim Present	204/104		•••			13
Surcharge ·	205/105	•••	•			
English Translation	139	•			— · · ·	•
TOTAL FEE CALCUL	ATION .		к.	<b>e</b>	<u> </u>	
ces due upon filing t	he application:	· .	K.	<b>∽.</b> `		•
otal Filing Fees Duc	= s	162.6	00.	<del>-</del>		
ess Filing Fees Subm	litted -\$			-		

-s 1.1.60.00

Ozice of Initial Patent Examination